

<i>SERFF Tracking Number:</i>	<i>AMMS-126934536</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>47509</i>
<i>Company Tracking Number:</i>	<i>DENTAL</i>		
<i>TOI:</i>	<i>H10I Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10I.000 Health - Dental</i>
<i>Product Name:</i>	<i>PPO Dental Stand Alone</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: PPO Dental Stand Alone

TOI: H10I Individual Health - Dental

Sub-TOI: H10I.000 Health - Dental

Filing Type: Rate

SERFF Tr Num: AMMS-126934536 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: DENTAL

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Patricia Lofton, Brandon

McKenzie, Greg Dafler

Date Submitted: 12/10/2010

Disposition Date: 01/12/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: 04/01/2011

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 9.5%

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted on

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/12/2011

State Status Changed: 01/12/2011

Created By: Patricia Lofton

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Patricia Lofton

Filing Description:

See Cover Letter.

Company and Contact

Filing Contact Information

Greg Dafler, Health Actuary

7440 Woodland Drive

Indianapolis, IN 46278-1719

gdafler@goldenrule.com

317-715-7373 [Phone]

317-715-7028 [FAX]

Filing Company Information

<i>SERFF Tracking Number:</i>	<i>AMMS-126934536</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>DENTAL</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>PPO Dental Stand Alone</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Golden Rule Insurance Company	CoCode: 62286	State of Domicile: Indiana	
7440 Woodland Drive	Group Code: 707	Company Type: Life and Health	
Indianapolis, IN 46278	Group Name:	State ID Number:	
(800) 926-7602 ext. [Phone]	FEIN Number: 37-6028756		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$50.00	12/10/2010	42817598

SERFF Tracking Number:	AMMS-126934536	State:	Arkansas
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TOI:	H101 Individual Health - Dental	Sub-TOI:	H101.000 Health - Dental
Product Name:	PPO Dental Stand Alone		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/12/2011	01/12/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	12/16/2010	12/16/2010	Brandon McKenzie	12/17/2010	12/17/2010

SERFF Tracking Number:	AMMS-126934536	State:	Arkansas
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Disposition

Disposition Date: 01/12/2011

Implementation Date:

Status: Approved-Closed

Comment: We have approved a 9.5% average rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Golden Rule Insurance Company	9.500%	9.500%	\$11,468	275	\$121,241	14.000%	4.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Rate	Dental	Approved-Closed	Yes

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TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: PPO Dental Stand Alone
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/16/2010

Submitted Date 12/16/2010

Respond By Date

Dear Greg Dafler,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Please advise as to when this policy was approved by our Department.

Also, please provide us with the Arkansas rate increase history.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: AMMS-126934536 State: Arkansas
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Company Tracking Number: DENTAL
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: PPO Dental Stand Alone
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/17/2010
Submitted Date 12/17/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: This policy form was approved by the Department on June 23, 2008.

There have been no prior rate increases for this form.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Please advise as to when this policy was approved by our Department.

Also, please provide us with the Arkansas rate increase history.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

Brandon McKenzie, Greg Dafler, Patricia Lofton

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Golden Rule Insurance Company	N/A	9.500%	9.500%	\$11,468	275	\$121,241	14.000%	4.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action: Action:*	Rate Action Information:	Attachments
Approved-Closed 01/12/2011	Dental	GRI-DEN1	Revised	Previous State Filing Number: Percent Rate Change Request: 9.500	AR Rates.pdf

Golden Rule Insurance Company
Form Number: GRI-DEN1
EXHIBIT B
Dental Premium Rate Exhibit for Arkansas

Premium rates are computed as follows:

- Note the appropriate region and tier.
- Select the benefit plan and the tier factor.
- Rounding to two decimals, let the monthly premium rate equal the product of the benefit plan, the cumulative adjustment factor and the tier factor.
- Rounding to two decimals, let the other modal premium rates be a multiple of the monthly premium rate (for instance, quarterly = 3 x monthly).

Region	Filing ID >	Benefit Plan	
		A (150)	B (250)
Arkansas		18.85	30.27
Out of State		19.79	33.30

Trend History		A (150)	B (250)
	07/01/08	1.000	1.000
	10/01/08	1.000	1.000
	01/01/09	1.015	1.015
	04/01/09	1.030	1.030
	07/01/09	1.045	1.045
	10/01/09	1.060	1.060
	01/01/10	1.075	1.075
	04/01/10	1.090	1.090
	07/01/10	1.105	1.105
	10/01/10	1.120	1.120
	01/01/11	1.135	1.135

Proposed Trend Factor

Cumulative Adjustment Factor (CAF)	A (150)	B (250)
04/01/11	1.313	1.198
07/01/11	1.332	1.215
10/01/11	1.352	1.233
01/01/12	1.372	1.251
04/01/12	1.392	1.270

| | | |
 * 1.014674 / q. * 1.014674 / q.

Tier Factor (TF)	Three or		
	One Person	Two People	more People
Three-Tier	1.000	1.980	3.500

Sample calculation of a premium rate

Suppose a family of four people living in Arkansas has selected dental benefit plan B (250) effective July 1, 2011. Then the factors and premium rates are as follows:

Benefit Factor	CAF	TF	Monthly	Quarterly	Semi-Annual	Annual
30.27	1.215	3.500	\$128.72	\$386.16	\$772.32	\$1,544.64

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Cover Letter	Approved-Closed	01/12/2011
Comments:			
Attachment:			
Cover Letter.pdf			



A UnitedHealthcare Company

December 10, 2010
NAIC #707-62286

Hon. Jay Bradford, Commissioner
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: Premium Rates for Individual Dental Expense Policy Form:
GRI-DEN1

This is a filing of revised premium rates for Individual Dental Expense Policy Form GRI-DEN1. The actuarial memorandum demonstrates loss ratio compliance and justifies the requested premium rates. We are requesting the same rate increase in all states.

The rate revision will be effective on or after April 1, 2011. Below is an outline of the number of policies affected in your state by benefit plan. The rate revision will also apply to new business.

	Benefit Plan A (150)	Benefit Plan B (250)
Arkansas # of Policies	184	91

If you have questions about this filing, please contact me.

Sincerely,

Gregory A. Dafler, FSA, MAAA
Health Actuary
(317) 715-7373
Fax: (317) 297-0908
E-mail: gdafler@goldenrule.com

Golden Rule Insurance Company
7440 Woodland Drive
Indianapolis, Indiana 46278-1719
(317) 297-4123
www.goldenrule.com